

Foster Family Home - Corrective Action Report

Provider ID: 1-160100

Home Name: Virgilina Cortez, CNA

Review ID: 1-160100-3

99-017 Kauhale Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/5/2019

Foster Family Home

Required Certificate


[11-800-6]

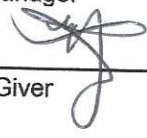
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 1 person CCFFH recertification made on 11/5/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 1 bed certification.


Compliance Manager


Primary Care Giver

11/5/19
Date

11/5/2019
Date